WDFW Hunter Education Instructor Checklist & Signature Page

(signature page)

This only needs to be signed & submitted once; completions under the previous SOP version qualify.

I understand that I am required to follow all WDFW COVID-19 related policies and procedures while volunteering for the department.

I understand and agree that I am required to:

Print or type name

- complete the COVID-19 Health Self-Screen Attestation process each day before volunteering
- refrain from volunteering if I answer "yes" to any of the questions listed on the COVID-19 Health Self-Screen Attestation
- report any COVID-19 related symptoms or exposure to my WDFW hunter education field coordinator (i.e., volunteer supervisor) as soon as possible to avoid potential spread.

I understand that the WDFW Safety Office staff may contact me if I am potentially exposed to COVID-19 while volunteering.

I have read, understand, and agree to follow all COVID-19 related standard operating procedures included above & listed below:

__X__ In-person Hunter Education Classes

__X__ Use of Cloth Face Masks

__X__ Travel Guide

__X__ Vehicle / Vessel Occupancy Guide

__X__ Cleaning Workplace Surface Areas and Office Equipment

Send completed copies of this signature page to the volunteer program manager and the Hunter Education Division at:

signature (typed/electronic ok)

volunteer@dfw.wa.gov jan.ulijohn@dfw.wa.gov

(electronic copies preferred)

month/day/year